Complete Summary

GUIDELINE TITLE

Management of anovulatory bleeding.

BIBLIOGRAPHIC SOURCE(S)

American College of Obstetricians and Gynecologists (ACOG). Management of anovulatory bleeding. Washington (DC): American College of Obstetricians and Gynecologists (ACOG); 2000 Mar. 9 p. (ACOG practice bulletin; no. 14). [38 references]

GUIDELINE STATUS

This is the current release of the guideline.

According to the guideline developer, this guideline is still considered to be current as of December 2005, based on a review of literature published that is performed every 18-24 months following the original guideline publication.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Anovulatory bleeding

GUIDELINE CATEGORY

Management
Treatment

CLINICAL SPECIALTY

Endocrinology
Family Practice
Obstetrics and Gynecology

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

- To aid practitioners in making decisions about appropriate obstetric and gynecologic care
- To provide management guidelines for the treatment of patients with menstrual irregularities associated with anovulation based on the best available evidence

TARGET POPULATION

Women ages 13 and above with menstrual irregularities associated with anovulation

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis

1. Physical examination, including assessment for obesity and hirsutism
2. Medical history
3. Laboratory assessment, including pregnancy test, fasting serum prolactin level, thyroid-stimulating hormone (TSH) level, total or free testosterone
4. Endometrial assessment
5. Transvaginal ultrasonography
6. Sonohysterography
7. Hysterosalpingography
8. Hysteroscopy
9. Curettage
10. Timed tests for determining progesterone levels in serum

Treatment/Management

Medical Therapies

1. Cyclic progestogen or oral contraceptives for chronic bleeding
2. High-dose estrogen therapy (conjugated equine estrogens) for acute bleeding
3. Cyclic hormone replacement therapy for women with hot flashes secondary to declining estrogen production

Surgical Treatment

For women who have failed medical therapy and no longer desire future childbearing:

1. Hysterectomy
2. Endometrial ablation

MAJOR OUTCOMES CONSIDERED

- Occurrence of acute bleeding
- Number of episodes of noncyclic bleeding
- Risk of long-term complications from anovulation
- Overall quality of life

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The MEDLINE database, the Cochrane Library, and the American College of Obstetricians and Gynecologists' (ACOG's) own internal resources were used to conduct a literature search to locate relevant articles published between January 1985 and May 1999. Priority was given to articles reporting results of original research, although review articles and commentaries also were consulted. Abstracts of research presented at symposia and scientific conferences were not considered adequate for inclusion in this document.

Guidelines published by organizations or institutions such as the National Institutes of Health and the American College of Obstetricians and Gynecologists were reviewed, and additional studies were located by reviewing bibliographies of identified articles.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Studies were reviewed and evaluated for quality according to the method outlined by the U.S. Preventive Services Task Force.

I Evidence obtained from at least one properly designed randomized controlled trial

II-1 Evidence obtained from well-designed controlled trials without randomization

II-2 Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group

II-3 Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled experiments also could be regarded as this type of evidence.

III Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Analysis of available evidence was given priority in formulating recommendations. When reliable research was not available, expert opinions from obstetrician-gynecologists were used. See also the "Rating Scheme for the Strength of Recommendations" field regarding Grade C recommendations.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Based on the highest level of evidence found in the data, recommendations are provided and graded according to the following categories:

Level A - Recommendations are based on good and consistent scientific evidence.

Level B - Recommendations are based on limited or inconsistent scientific evidence.

Level C - Recommendations are based primarily on consensus and expert opinion.

COST ANALYSIS

Numerous studies have compared costs and surgical outcomes between endometrial resection or ablation and hysterectomy. The evidence suggests that hysteroscopic endometrial ablation results in less morbidity and shorter recovery periods and is more cost-effective than hysterectomy. However, if as many as one-third of women who undergo endometrial ablation undergo hysterectomy within the following 5 years, that would have a significant impact on these cost analyses.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Practice Bulletins are validated by two internal clinical review panels composed of practicing obstetrician-gynecologists generalists and sub-specialists. The final guidelines are also reviewed and approved by the American College of Obstetricians and Gynecologists (ACOG) Executive Board.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The grades of evidence (I-III) and levels of recommendations (A-C) are defined at the end of "Major Recommendations."

The following recommendations are based on good and consistent scientific evidence (Level A):

- The treatment of choice for anovulatory uterine bleeding is medical therapy with oral contraceptives. Cyclic progestins also are effective.
- Women who have failed medical therapy and no longer desire future childbearing are candidates for endometrial ablation, which appears to be an efficient and cost-effective alternative treatment to hysterectomy for anovulatory uterine bleeding. However, endometrial ablation may not be definitive therapy.

The following recommendations are based primarily on consensus and expert opinion (Level C):

- An underlying coagulopathy, such as von Willebrand's disease, should be considered in all patients (particularly adolescents) with abnormal uterine bleeding, especially when bleeding is not otherwise easily explained or does not respond to medical therapy.
- Although there is limited evidence evaluating the efficacy of conjugated equine estrogen therapy in anovulatory bleeding, it is effective in controlling abnormal uterine bleeding.

Definitions:

Grades of Evidence

I Evidence obtained from at least one properly designed randomized controlled trial

II-1 Evidence obtained from well-designed controlled trials without randomization

II-2 Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group

II-3 Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled experiments also could be regarded as this type of evidence.

III Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees

Levels of Recommendations

Level A - Recommendations are based on good and consistent scientific evidence.

Level B - Recommendations are based on limited or inconsistent scientific evidence.

Level C - Recommendations are based primarily on consensus and expert opinion.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate management and treatment of anovulatory bleeding

POTENTIAL HARMS

- Recent studies have reported morbidity rates of 7% and 15% for women undergoing hysterectomy for various indications. The overall mortality rate for hysterectomy is 12 deaths per 10,000 procedures, for all surgical indications.

- The most frequently reported complications of hysteroscopy are uterine perforation, which occurs in approximately 14 per 1,000 procedures, and fluid overload, which occurs in approximately 2 per 1,000 cases.

CONTRAINDICATIONS

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Estrogen-containing oral contraceptives are relatively contraindicated in some women (e.g., those with hypertension or diabetes). Estrogen-containing oral contraceptives are contraindicated for women older than 35 years who smoke or have a history of thromboembolic disease.

QUALIFYING STATEMENTS

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These guidelines should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institution or type of practice.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2000 Mar (reviewed 2005)

GUIDELINE DEVELOPER(S)

American College of Obstetricians and Gynecologists - Medical Specialty Society

SOURCE(S) OF FUNDING

American College of Obstetricians and Gynecologists (ACOG)

GUIDELINE COMMITTEE

American College of Obstetricians and Gynecologists (ACOG) Committee on Practice Bulletins-Gynecology

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

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GUIDELINE AVAILABILITY

Electronic copies: Not available at this time.

Print copies: Available for purchase from the American College of Obstetricians and Gynecologists (ACOG) Distribution Center, PO Box 4500, Kearneysville, WV 25430-4500; telephone, 800-762-2264, ext. 192; e-mail: sales@acog.org. The ACOG Bookstore is available online at the ACOG Web site.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on September 14, 2004. The information was verified by the guideline developer on December 8, 2004.

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